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#### INITIAL EVALUATION

March 27, 2007

RE: Adonna Frometa

This is a 39-year-old female who was a driver of an automobile on February 14, 2007. At that time, the patient sustained injuries to her neck and low back. The patient was treated and released at outpatient care at Midtown Medical Practice, in Villafuerte. There is a note from February 23, 2007; the patient was a seat-belted driver. She was complaining of neck pain radiating to intrascapular areas of both shoulders. The patient with numbness and tingling in both arms. The patient also complained of low back radiating to both thighs and lower extremities, more pronounced on the left side. The patient denies any previous history of injuries to her neck and low back.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

ALLERGIES: She is allergic to Midol, as well as penicillin.

The patient has returned to part-time work since the accident, working as a flight attendant.

In the note from February 23, 2007, there was diminished sensation in the right C5-C6 distribution, as well as the left L4-L5 distribution. There is decreased motor strength.

Since the time of the accident, the patient has been undergoing physical therapy. On examination, the patient has paraspinal lumbar tenderness. Lumbar spine flexion is to 45 degrees and extension 10 degrees. All began on March 9, 2007.

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On 03/13/2007, the patient had MRI of lumbar spine, which shows disc bulges at L3-L4 and L4-L5. There is a posterior disc herniation at L5-S1.

MRI of the cervical spine that date showed C2-C3 and C4-C5 posterior disc bulges with disc herniation at C3-C4.

Except these the cervical spine on March 19, 2007 showed more flattening of the anterior superior margin at the C6 vertebral body.

X-rays of the lumbar spine showed minimal dextrosciosis with narrowing of the L5-S1 disc space.

The patient comes to the office today with neck pain radiating to both shoulders, as well as to her right intrascapular region.

The patient has numbness and tingling in her right arm and hand.

The patient has severe back pain. She has had low back pain but this is improved. Her main complaint is of the cervical spine.

Physical examination of the cervical spine shows forward flexion is to 45 degrees, extension 40 degrees, right and left lateral bending are to 40 degrees, right and left lateral rotation to 70 degrees. There is normal motor strength in the upper extremities but decreased sensation in the right C5 and C6 distribution to pinprick to touch.

#### ASSESSMENT:

1. DISC HERNIATION AT C3-C4 WITH DISC BULGE AT C2-C3 AND C4-C5 WITH THE RIGHT CERVICAL RADICULOPATHY.
2. CERVICAL MYOFASCIAL PAIN SYNDROME.

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PLAN:

1. CONTINUE PHYSICAL THERAPY.
2. HOT AND COLD PACKS TO NECK.
3. RANGE OF MOTION EXERCISE.
4. FLEXERIL.
5. I HAVE DISCUSSED WITH THE PATIENT THE RISKS, BENEFITS, AND ALTERNATIVES OF CERVICAL EPIDURAL STEROID INJECTIONS THREE TIMES. THE RISK INCLUDES SPINAL HEADACHE. THE PATIENT WAS INSTRUCTED TO BRING THE MRI FILM FOR REVIEW.

The patient brought the MRI for review of the cervical and lumbar spine. The cervical spine was reviewed. This shows first of all that the disc heights are maintained in all sagittal views, herniation at C3-C4 could be seen on axial view #5. At present, the disc bulge is at C4-C5, which can be seen on axial view #7.

Arden M. Kalsman, MD  
AMK/LLX

**WESTCHESTER MEDICAL CARE, P.C.**  
 3262 Westchester Avenue  
 Bronx, N.Y. 10461  
 Tel (718) 904-0908

April 11, 2007

**PATIENT NAME:** Adonna Frometa  
**DATE OF CONSULTATION:** 3/29/2007  
**DATE OF ACCIDENT:** 2/14/2007

#### **NEUROLOGICAL CONSULTATION**

The patient, Adonna Frometa, was examined by me on March 29, 2007 for a neurological consultation. The following is a report of my findings and recommendations.

#### **HISTORY:**

The patient is a 39-year-old who was the driver of a car that was struck in the rear. She was experiencing some neck and back pain. She went to seek medical care. She is here because the neck and back complaints have not improved. They are associated with difficulty in sitting, standing and Valsalva-type maneuvers. She is having difficulty in performing repetitive tasks such as bending, pushing and pulling. She had an MRI of the lumbar spine on March 7, 2007, an MRI of the cervical spine on March 10, 2007 and a CAT scan of the head on February 14, 2007. I reviewed the same.

#### **PAST MEDICAL HISTORY:**

Unremarkable.

#### **FAMILY HISTORY:**

Non-contributory.

#### **SOCIAL HISTORY:**

Non-contributory.

#### **DESCRIPTION OF CURRENT COMPLAINTS:**

As above.

**Patient Name:** Adonna Frometa **Date of Consultation:** 3/29/2007

#### **GENERAL, PHYSICAL, AND NEUROLOGICAL EXAMINATION:**

**Mental Status:** The patient is cooperative, alert and oriented to person, place and time. The patient's communications ability, remote and recent insight, judgment, proverb interpretation, mood and affect are all within normal limits. Calculations, reversals, spelling, right to left orientation, ability to follow commands, identification of body parts, and face and hand tests are all within normal limits.

**Cranial Nerve Examination:** The pupils are round, regular, reactive to light and accommodated directly and consensually. The extraocular movements are full. Fundi are unremarkable. Visual acuity is within normal limits. Facial sensation and muscular expression are normal.

**Strength of the head, neck and jaw, and movements of the tongue** are all within normal limits. The corneal reflex, gag reflex, and the remainder of the brainstem reflexes are normal and symmetrical bilaterally. Smell and taste were not tested.

**Motor System Examination:** Normal power bulk and tone in all muscle groups, except for 4/5 weakness in the deltoid, supraspinatus, biceps muscles, EHL, TA, GM muscles on the right side. There is a positive straight leg raising sign bilaterally at 30 degrees. There is an antalgic gait noted.

#### **Range of Motion of the Cervical Spine:**

Flexion: 30/45-60 degrees  
 Extension: 10-20/45 degrees  
 R/L lateral flexion: 20-30/45 degrees  
 R/L rotation: 80 degrees

#### **Range of Motion of the Thoracolumbar Spine:**

Flexion: 30-50/90 degrees  
 Extension: 10-15/30 degrees  
 R/L lateral rotation: 10-15/30 degrees  
 R/L rotation: 30 degrees

**Sensory Examination:** The patient's sensory thresholds to peripheral and corticospinal modalities inclusive of pinprick, vibration, touch, two point discrimination, press and double stimulation are all within normal limits, except for decreased sensation on the outer aspect of the right leg to pin and decreased sensation on the outer aspect of the right arm to pin.

**Meningeal Signs:** There is no photophobia, eyeball tenderness, stiffness, and no signs of meningeal irritation.

Patient Name: Adonna Frometa Date of Consultation: 3/29/2007

**Deep Tendon Reflexes:** The deep tendon reflexes are 2+ and symmetrical with flexor planter responses bilaterally, except for the right ankle jerk, which is 1+ and the right biceps jerk, which is 1+.

**IMPRESSION:**

The patient's clinical features are consistent with a cervical and lumbar disc bulges and disc herniation resulting in a neuropathic pain syndrome.

**RECOMMENDATIONS:**

The patient should obtain traction. If this does not improve, we will consider epidural injections. The patient will need to see Dr. Davy for the same.

Thank you very much.

Dr. B. S. Mangia

Board Certified Adult and Child Neurologist

Dr. Dominique Cozien

Board Certified Neurologist

Dr. J. Singh

Neurologist

Mehran Zadeh

Physician Assistant

**RC-KRISHNA, M.D.**

Licensed # 104186-8B, New Jersey  
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Workers Compensation Authorization # 194-199-8B  
Member of American Academy of Neurology  
Member of American Association of Neurology  
Fellowship in Clinical Neurophysiology  
Diplomate American Board of Psychiatry and Neurology  
Diplomate American Board of Medical Examiners 02-07  
Diplomate American Board of Neurology 00-12/10

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**PHYSICAL THERAPY INITIAL EVALUATION**  
Westchester Medical Care, P.C.

Patient's name: Adonna French Date: 3/29/07  
 Age: 39 Date of injury/accident: Feb 14, 2007  
 Date of consultation: 3/29/07 Date of referral: 3/29/07  
 Referring doctor: R. H. H. H.

**SUBJECTIVE:**

History: A 39 year old male/female patient who complains of localized/relating pain, tingling, numbness, spasms, difficulty of movement, weakness of Right and Left hand secondary to a vehicular accident work-related injury, slip/fall, others: None ended accident

Past Medical History: ☐ None/Unremarkable ☐ Hypertension ☐ Cardiac disease  
☐ DM ☐ Previous Trauma/Surgery  
☐ Others: PHIA

**OBJECTIVE:**

Findings revealed paravertebral spasms, tenderness, swelling, tightness/taut bands  
 others: PHIA

☒ Cervical ☐ Thoracic ☒ Lumbar ☒ Sacral ☒ Shoulder ☐ Elbow  
☐ Wrist/hand ☐ Hip ☐ Ankle/foot ☐ Others: (C) by

**Range of motion:**

DOF Pain - all segments of the neck  
DOF Pain - all segments of the hand  
except thumb 2nd 3rd 4th 5th  
movement of the hand and shoulder

**Muscle Test:**

Far greater than 2nd 3rd 4th 5th  
movement of the hand and shoulder

**Neurological Assessment:**

Carpal tunnel syndrome  
PHIA

**ADL Analysis:**

Slow but able to access/hold

**ASSESSMENT:**

Toll t + mild  
Pain per side PH  
PHIA as soon as possible

**PLAN:**

Patient will benefit from physical therapy with the following goals:

- ☒ Decrease pain, tenderness, spasm and tightness ☒ Increase strength
- ☒ Increase range of motion ☒ Improve gait
- ☒ Improve flexibility ☒ Decrease swelling
- ☒ Improve gait ☒ Improve/decrease ADL difficulty
- ☒ Improve posture ☒ Prevent secondary complications
- Others: \_\_\_\_\_

**Physical Therapy Management**

☒ ~~Heat~~ ☒ Cold packs ☐ Ultrasound  
☒ Paraffin wax bath ☐ Massage ☐ Myofascial release  
☐ Gait training ☐ Prosthetic training ☐ Faradism under pressure

**Therapeutic exercises**

☒ Theraband exercises ☐ Back extension exercises ☐ Williams flexion exercises  
☒ Flexibility exercises ☐ Neck exercises ☐ Neck exercises  
☒ Range of motion exercises ☐ P.R.E.'s ☐ Traction and manipulation  
☒ Conditioning exercises ☐ Home exercises

Physical Therapist

# PHYSICAL THERAPY NOTES Westchester Medical Care, P.C.

Name: Adanna Frometa Date of Accident: 3/19/07  
Insurance: NYC PVI LEN Other

Diagnosis: Left C6/7 (flexion, extension, constant/intermittent), radiating, localized pain, tenderness, stiffness, difficulty of movement on  
Cervical Lumbar Shoulder Hip Elbow Knee Wrist and Hand Ante and foot  
Other findings: None

Date: 3/29/07  
G. Tenderness, muscle spasm, swelling, redness, limitation of motion other: None  
Cervical Lumbar Shoulder Hip Elbow Knee Wrist and Hand Ante and foot  
Other findings: None

A. Isolated treatment well: None  
— Slowly responding to treatment: None  
— No change in symptoms: None  
F. Continue treatment: None  
Physical Therapy Program: None  
— Manual Heat 97010: None  
— Therapeutic exercise 97110: None  
— Massage 97124: None  
— Ultrasound 97035: None  
— Percutaneous Release 97140: None  
— Cold laser 97029: None

PATIENT'S SIGNATURE

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